Community Pathways Waiver – Draft Proposal

Service Type: Statutory Service
Service (Name): Adult Day Health
Alternative Service Title: MEDICAL DAY CARE
HCBS Taxonomy:
Check as applicable
Service is included in approved waiver. There is no change in service specifications.
X Service is included in approved waiver. The service specifications have been modified.
Service is not included in the approved waiver.
Service Definition:
A. Medical Day Care (MDC) is a medically supervised day program.
B. Medical Day Care includes the following services:
1. Health care services;
2. Nursing services;
3. Physical therapy services;
4. Occupational therapy services;
5. Assistance with activities of daily living such as walking, eating, toileting, grooming, and supervision of personal hygiene;
6. Nutrition services;
7. Social work services Activity Programs; and
8. Transportation services.
SERVICE REQUIREMENTS:
A. A participant must attend the Medical Day Care a minimum of four (4) hours per day for the service to be reimbursed.
B. Medical Day Care services cannot be billed during the same period of time that the
individual is receiving other waiver services.
C. This waiver service is only provided to individuals age 21 and over. All medically necessary
Medical Day Care services for children under age 21 are covered in the state plan pursuant to
the EPSDT benefit.
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Specify applicable (if any) limits on the amount, frequency, or duration of this service:
Service Delivery Method (check each that applies)
Participant Directed as specified in Appendix E
X Provider Managed

Specify whether the service may be provided by (check all that applies): Legally Responsible Person Relative Legal Guardian **Provider Specifications:** (Instructions list the following for each type of provider that can deliver the services): Provider Category | Provider Type Title Agency Medical Day Care Providers **Provider Specifications for Services Provider Category:** Agency **Provider Type:** Medical Day Care Providers **Provider Qualifications License (specify): License (specify):** Licensed Medical Day Care Providers as per COMAR 10.09.07 **Certificate (specify):** Other Standard (specify):

Responsible for Verification:

• Department of Health and Mental Hygiene

Verification of Provider Qualifications Entity

Frequency of Verification:

• Every 2 years and in response to complaints